

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3785**

FILED FEB 20, 1951
55-168-30

BIRTH NO. **558** REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5120** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Missouri				c. CITY (If outside corporate limits, write RURAL and give township) Rural Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 3 Columbia Mo				d. STREET ADDRESS (If rural, give location) R.F.D. #3 Columbia			
3. NAME OF DECEASED (Type or Print) CHERI		a. (First) CHERI		b. (Middle) CARLENE		c. (Last) AMES	
4. DATE OF DEATH Feb 11 1951		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Sept. 3 1950		9. AGE (In years last birthday) 5		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Columbia Mo.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME E.N. Ames	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Crystal Howes		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME E.N. Ames		17. ADDRESS R.F.D. #3 Columbia, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILIARY ATRESIA, intrahepatic ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to FEB 11 , 19 51 , that I last saw the deceased alive on FEB 11 , 19 51 , and that death occurred at 7:40 A.M. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Edward L. Washington M.D.	
23b. ADDRESS 909 UNIVERSITY, Columbia, Mo		23c. DATE SIGNED 2-11-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 11 1951	
24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.		24d. LOCATION (City, town, or county) (State) Bedford, Iowa.		DATE REC'D BY LOCAL REG. Feb 11 1951		REGISTRAR'S SIGNATURE Mrs R E Palmer	
25. FUNERAL DIRECTOR'S SIGNATURE Barren Funeral Service, Columbia, Mo		ADDRESS		(Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 2-19-51
DISTRICT HEALTH OFFICE No: 3
District File Number _____
Date Filed 2-19-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4069

P. O. Address Columbia, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.